STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	151599	A. BUILDING _____ B. WING _____	R 09/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREMIER HOSPICE & PALLIATIVE CARE - INDIANA LLC	**11550 N MERIDIAN STREET, SUITE 375 CARMEL, IN 46032**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{L 000}	INITIAL COMMENTS This was a follow up federal and state hospice recertification and relicensure survey. Survey dates: September 28 and September 30, 2016 Facility Number: 007409 Medicaid Number: 200990000A Clinical Records Reviewed: 6 Census: 217 Premier Hospice and Palliative Care was found to be in compliance with Conditions of Participation 481:54 Initial and comprehensive assessment of the patient, Condition of Participation 418.56: Interdisciplinary Group, Care Planning, and Coordination of Services, Condition of Participation 418.58: Quality Assessment and Performance Improvement (QAPI) and Condition of Participation 418.64: Core Services.	{L 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.